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SPOUSES OF RESERVISTS AND NATIONAL GUARDSMAN:
A SURVEY OF THE EFFECTS OF DESERT SHIELD?STORM

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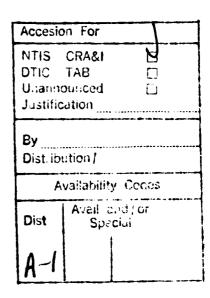
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EXECUTIVE SUMMARY

This report describes the results of a survey of spouses of Reservists and National Guardsmen. The objective of the survey was to examine the effects of deployment and Operation Desert Shield/Storm on these spouses. The survey supplements qualitative data collected through site visits and interviews with spouses, support group leaders and service providers. The sample for the survey consists of 236 spouses in a variety of locations.

- 1. Demographics: The single largest group represented in the survey are spouses of soldiers in transportation units; about two-thirds of the soldiers are NCOs. Most of the spouses are women (97%), most ranging in age from 25 to 45 and most have children. About half work full time and another 17% work part time.
- 2. Stress and Well Being: About half of the respondents feel that they are managing household tasks and their jobs satisfactorily; a similar proportion feel satisfied with their everyday lives. In terms of the Hopkins Symptom Check List (HSCL), the majority score in the low and medium range, reflecting low to moderate physical and psychological symptoms. Deployment related distress (e.g., missing husband, anxiety about safety, living conditions, length of mobilization and communicating with spouse) tends to range from moderate to strong. Missing spouse and uncertainty about length of mobilization produce the strongest feelings of distress (71% report a great deal of distress for each of these). On the other hand, problems and hassles of everyday life produce only moderate stress; financial factors are the most important stressors in this group.
- 3. Sources of Support: Family Support Groups (FSG) show a great increase both in activity and participation between preactivation and deployment. Active FSGs rose from 11% to 77% and spouses who participated at least sometimes increased from 21% to 59%. Most spouses rate the FSGs as effective on a variety of tasks (e.g., information, help, etc.) The groups which were led by volunteers of all ranks tend to receive more favorable evaluations that those led by senior NCO and officers' spouses. In general, unit support tends to mitigate general everyday stress but has little effect on deployment related distress.

In general, Reservist and National Guard spouses derive support from family and community sources, rather than from military sources. Extended family, non-military neighbors and friends, church, community and co-workers represent the chief sources of all type of support - social, emotional, instrumental, etc.

- 4. Coping: In coping with deployment distress, spouses report increased attendance at Family Support Groups and increased church activity. Coping behaviors generally fall into two categories: problem-directed such as plan of action, learning more about the situation, considering alternatives; and emotion-focused such as prayer, keeping busy, preparing for the worst. Respondents report both types of coping behaviors; however, emotion-focused behavior seems to be more effective in reducing both everyday stress and deployment related distress.
- 5 Army Services: Reservist spouses tend to make little use of Army services, especially those located at Army installations. This is probably due to the the fact that very few live near any military installation only 9% live within ten miles and 12% within 11-25 miles of an installation. The great majority have no experience with Army services except for CHAMPUS where 45% have had experience with the program.
- 6. Children: Respondents report an increase in problems with children after deployment. Fifty-six per cent cite at least one such increase. The most frequently reported problems are increased sadness/tearfulness and demanding more attention (each cited by 37%), followed by discipline problems at home (28%). Childrens' problems have some, but not a great, effect on spouses general stress, symptoms and satisfaction with everyday life.
- 7. Retention: About two-fifths of the respondents would like their spouses to remain in the Reserves or National Guard while slightly over one-quarter are negative toward retention. In terms of getting out immediately, about one-quarter would favor this. Spouses of officers tend to be more positive about retention than others.

Favorable attitudes toward retention are influenced by other factors such as deployment distress, satisfaction with everyday life and physical and psychological symptoms as well as by FSG effectiveness and unit support. Respondents who feel they were kept informed about the Army and who are comfortable with Army agencies also tend to favor retention. On the other hand, respondents who feel the Army should give them special treatment or solve all their problems are more negative about retention. This latter groups also tends to score higher on physical and psychological symptoms. Possibly, these respondents are a group generally high in problems and stress and low in coping skills who expect a great deal from the military. Their negative attitudes toward retention may be a reflection of all of these factors.

INTRODUCTION

BACKGROUND

Shortly after the first U.S. troops deployed to the Persian Gulf as part of Operation Desert Storm, a request for a study of the families of deployed soldiers came from the Army Vice Chief of Staff. This request was initiated with a letter from the Assistant Deputy Chief of Staff of Personnel (DCSPER) in late Argust 1990, tasking various Army research agencies to collaborate in a set of field studies entitled Human Factors Research in Operation Desert Shield. The site visit interviews portion of the tasking was led by the Community and Family Support Center (CFSC). The survey portion of ODS family research as undertaken by the Walter Reed Army Institute of Research (WRAIR).

Purpose of the Study: The purpose of the Family Factors Field Study in ODS was to gather information on the impact on family well-being of the Persian Gulf deployment and on the effectiveness of various Army elements in assisting/supporting families. The study was to include spouses of soldiers on active duty at the time of the deployment, as well as spouses of mobilized Reservists and National Guardsmen. Another long range purpose was to examine the effects of family stress on soldier morale through matching spouse data with information collected in a parallel study of soldiers in the Persian Gulf area.

Identification of Significant Family Issues: In October of 1990, a team of twenty researchers visited seven Army installations, eleven Army reserve units and nine National Guard units. All were units from which soldiers had been deployed either to the Persian Gulf or elsewhere as part of Operation Desert Shield. Informal interviews involving open-ended questions were conducted with groups of spouses, family support group leaders, rear detachment staff, garrison leaders and program/service providers. Questions were aimed at identifying specific stressors that spouses and children were facing in relation to the deployment as well as stress mediators. latter included both formal and informal support sources as well as personal factors such as prior experience, knowledge, training and coping skills. Information gathered during the site visits was used to develop measures of stress and social support that were used later in the survey portion of the study and also to develop hypotheses that would be tested in the survey (see Appendix for complete copy of survey).

Two separate but parallel surveys were developed: the first pertained to Active Duty Army spouses; the second to spouses of mobilized Reservists and National Guardsmen. Although most of the items and scales included in the two surveys were essentially the same there were some differences; for example, the wording of certain questions and the inclusion or exclusion of certain items

reflected the differences in experience of these two groups. The analysis which follows in this report is based on the survey of Reservist and National Guard spouses.

Sample: When the study began, the course and outcome of the deployment and, indeed, the numbers of soldiers that would eventually be deployed was not known. Nor was it known if and when a war began whether this research would have to stop because of the possibility of large numbers of casualties in the families of respondents. Because of these unknown and constantly changing events, it was difficult to execute a well-designed sampling plan. Several weeks prior to the January 15 deadline for Iraq to withdraw from Kuwait, a random selection of deployed Army, National Guard and Reserve units was made for inclusion in the study. The units were then contacted and asked to provide us with address labels and rosters of all spouses.

As indicated above, we attempted to develop a random sample of Reserve and National Guard units among those who had deployed. Many units failed to respond to our request for rosters, often because they did not have any. For those who had rosters, we found that many addresses were either incorrect or out of date. These difficulties involving records of personnel reflect some of the major differences between the active Army and the Reserve and National Guard components; the latter are more difficult to identify and to reach in a survey. Consequently, the final sample of spouses in this part of the survey consists of a "convenience" sample of 236 spouses. It is not a probability sample and thus, any findings must be considered as suggestive, rather than statistically generalizable.

SAMPLE

DEMOGRAPHICS

Unit type: Nearly half of the soldiers (48%) are in transportation units; the next largest groups are in Combat Support (13%) and Chemical (11%) followed by small groups in Engineering, Quartermaster and Ordnance. An additional 12% list "other" as their unit type.

Rank: The ranks are distributed as follows:

Rank	Frequency
Pvt - SPC/CPL	25%
SGT - SGM	68
Warrant Officers	4
Commissioned Officers	3

It is apparent that the great majority (over two-thirds) are senior enlisted soldiers ranging from rank 05 through 09.

Gender: Ninety-seven percent of the spouses are female. (For this reason, we will refer to "she" where appropriate.)

Age: The majority of respondents fall into the age categories of 25-35 (37%) and 36-45 (33%). Only 17% are between the ages of 17 and 24 while 13% are over 45 years of age.

Family Status: Twelve percent of the sample has been married for less than 1 year; 29% for 1-5 years; 20% for 6-10 years; 9% for 11-15 years and the remainder (30%) 16 years and over. These figures reflect the relatively mature ages of many of the respondents.

The majority of the respondents have children; 78% have at least one child living at home. Most of these respondents have between one and three children. A substantial minority report children living away from home (30%); again, the maturity of the respondents suggests that these are adult children who have left home.

Race and Ethnicity: Over half of the respondents are white (57%), 36% are Black, 6% are Hispanic and the remainder are either Asian or "Other," e.g., Native American.

Education: Over one-third of the spouses are high school graduates or have a GED and an additional 35% have had some college or technical training. Only 6% have not finished high school while 19% are college graduates.

<u>Current Residence</u>: Reserve spouses are distributed over a variety of communities. The table below shows this distribution.

Community	Frequency
Large urban area	25%
Suburb near large city	13
Medium sized city or	13
suburb near city	
Small city or town	34
Farm, ranch or rural area	15

The great majority of reservists' spouses reside in either an apartment, house or trailer; 41% are renting while 47% own (i.e. are making mortgage payments) their residence. Less than 1% currently live on post.

Very few live near a military installation as the figures below indicate.

Distance	Frequency
10 miles or less	9%
ll-25 miles	12
26-50 miles	11
51-100 miles	20
101-200 miles	21
More than 200 miles	16
Don't know/live on post	11

Transportation: The great majority (89%) have drivers' licenses and 87% have the use of a vehicle for daily transportation. About two-thirds of the respondents describe local transportation in their area as either very adequate (33%) or fairly adequate (30%) for their needs.

Power of Attorney: Nearly four-fifths of spouses have power of attorney, enabling them to handle legal and other matters during the reservist's absence.

ECONOMIC FACTORS

Employment status and occupation: Employment status of reservists' spouses is described in the table below:

Employment Status	Frequency
Employed full time	56%
Employed part time	17
Unemployed but seeking work	7
Homemaker, not seeking work	20

It is apparent that most spouses are either working or in the labor force; only 20% are currently not looking for work.

Occupations: Most employed spouses are in the traditional "female" occupations (reflecting the fact that 97% of the spouses are women). Twenty-two percent are in clerical jobs such as secretary or clerk; 13% are in professional occupations e.g., nurse, librarian, social worker; 10% are school teachers and most of the remainder are in administrative, sales or service jobs. This distribution contrasts with the civilian jobs of the reservists who tended to be factory operatives, bus and truck drivers, craftsmen and administrators. Nearly half of the reservists worked for private businesses, 30% had government jobs (either state or federal) and only 4% were self employed.

Effect of activation: The survey indicates that deployment had negative economic effect on many reservist families. Over two-fifths of the respondents cite decrease in income since deployment, and half of these describe decreases of 25% or more. Thirty-five percent report no change in income and 23% have experienced an increase. The great majority of spouses are now receiving sure pay with joint checking (85%) while an additional 11% receive an allotment from the reservist.

It is perhaps significant that over half of the reservists were holding a second job before being called to active duty. This additional income almost certainly was lost upon activation. Another important financial loss consists of benefits; only 21% report that the main civilian employer has continued to pay the difference between civilian salary and military pay; 34% and 12% indicate that employers have continued heath insurance and life insurance benefits, respectively. Finally, among the small group who were self employed, 46% report some difficulty maintaining the business or practice while 42% have had no difficulty

Finally, most respondents (63%) indicate that their creditors (e.g., bank credit card companies, department stores, etc.) did make some adjustment in their interest payments although some experienced initial difficulty.

RESULTS

WELL BEING AND SATISFACTION AMONG RESERVISTS' SPOUSES

The survey includes considerable data on problems, stress and feelings of well being and satisfaction among reservists' spouses. The following questions examine how effectively spouses are functioning in two life domains. The results are presented below.

"Overall, how well did you manage during the past week in accomplishing your daily household tasks such as shopping, paying bills, taking care of the children getting to appointments...?"

"If you work for paid employment, please indicate how well you managed your job during the past week."

Life Domain	Very well	Pretty well	About average	Poorly	Very poorly
Household tasks	22%	28%	34%	11%	6%
Job	23	33	32	11	2

It is striking how similar the two sets of figures are. Half of the spouses are performing household tasks very well or pretty well while 56% feel they are doing their jobs very or pretty well. In both cases, 11% say they are performing poorly and a very small group (6% and 2%) are functioning very ineffectively in these two life domains.

Satisfaction in another life domain, marriage, is measured by an eleven-point scale ranging from very satisfied to unsure to very dissatisfied. Respondents are asked to evaluate their marriages before deployment. If we combine categories, we find the following distribution with regard to marital satisfaction. (The categories are in parentheses.)

action	Frequency
(1-2)	78%
(3-4)	11
(5-7)	7
(8-11)	4
	(5-7)

It is clear that the overwhelming majority of spouses were satisfied with their marriages; only a tiny proportion indicate dissatisfaction.

A more global question asks how satisfied the respondent is with what she does every day (including homemaking as well as employment). This variable can be considered a rough indicator of general life satisfaction. Once again about half (52%) are either very satisfied or satisfied while 24% are neutral and most of the remainder are dissatisfied (22%) with only 2% very dissatisfied. We can conclude from these data that approximately half of the spouses are satisfied with their daily lives and feel they are functioning effectively. Only very tiny groups fall into the highly negative categories on any of these variables. These data suggest that there is considerable consistency between respondents' evaluations of their effectiveness in several life domains and in their general life satisfaction. We should point out that marital satisfaction differs from the other variables in the extremely positive distribution of responses.

The survey includes an extensive series of items measuring physical and psychological well being, the Hopkins Symptoms Check List - HSCL - (Derogatis, et al, 1974). This consists of a list of 25 symptoms such as headaches, poor appetite, heart pounding, lack of interest, feeling blue, feeling fearful, low energy, thoughts of ending life, terror, etc. These symptoms tend to reflect either depression or anxiety. (For a complete list, see the Survey Questionnaire in the Appendix.) Respondents are asked to indicate if they have been bothered by any of these symptoms during the last month. Responses are assigned a score as follows: not at all (zero); a little (1); quite a bit (2) and extremely (3). For the twenty-five items, scores can range from a low of zero to a high of 75. The actual range is from zero through 74 with the median at about 26.5, indicating a distribution skewed toward low scores (low symptoms). If we divide the score into three equal intervals, we find the following distribution, showing the preponderance of low scores (i.e., low incidence of psychological/physical symptoms.

HSCL Sco	ore	Frequency
Low	(0 - 25)	49%
Medium	(26 - 50)	42
High	(51 - 75)	9

Almost half of the respondents score in the lowest third and another two-fifths in the middle. Only 9% manifest high symptom scores on the symptom check list.

It seems likely that life satisfaction, and performance in the household and on the job are related to these psychological and physical symptoms, i.e., individuals who score high on symptoms may also manifest poor performance and low satisfaction. The correlation matrix below examines the association among these four variables. All of these coefficients are statistically significant (P = .01 or less).

	HSCL	Tasks	Job	Satis.
HSCL		.51	.18	.44
Household tasks	.51		.24	.24
Job	.18	.24		.24
Satisfaction with everyday life	.44	. 44	.24	

Correlations are all positive because of the scoring method used, i.e., satisfaction in different life domains and low symptoms are assigned low values, resulting in positive correlations. We can see that low symptoms are strongly related to effective functioning at household tasks (r=.51) and to satisfaction with one's everyday life (r=.44). Similarly, satisfaction with everyday life and household task performance are also strongly associated (r=.44). On the other hand, the relationship between performance on the job and everyday satisfaction and symptous, while perceptible, is considerably weaker. An interesting finding is the similarity in results for household tasks and everyday life satisfaction; both are strongly associated with HSCL (r's = .51 and .44) and identical correlations with job Although the questions are phrased quite differently, it is possible that, for most respondents, satisfaction with everyday life encompasses the home and the role of homemaker. Finally, with one exception, the correlations between marital satisfaction and the other variables measuring well being and functioning are virtually non-existent. exception is deployment distress which has a significant correlation of -.18 with marital satisfaction, i.e., those who are dissatisfied with their marriages are less likely to suffer deployment related distress than are the happily married, a result that is not surprising.

STRESS

Deployment Distress: One of the objectives of the survey is to examine stress and distress produced by the deployment of the reservist. It should be noted that 88% of the reservists were deployed to the Persian Gulf area. Respondents are asked how much distress they have experienced as a result of a series of factors related to deployment. The results are presented below.

Factor	Crost dos! /	<u>Distress</u>	Little
Factor	Great deal/ Moderate	Can't say	or none
Missing spouse	91%	1%	8%
Communicating with spouse	49	5	46
Children's emotional well being	54	7	39
Trying to be both parents to children	63	5	32
Concern about spouse's living conditions	74	4	22
Uncertainty about length of mobil.	82	1	17
Concern about spouse's well being & safety	86	2	12
Overall changes caused by mobilization	79	4	17

There are several factors which have caused a great deal of distress to the majority of spouses: missing spouse (71%), length of mobilization (71%), buse's well being (68%) and overall changes (53%). These figures refer only to a great deal of distress, excluding the moderate group included in the table above. It is clear that the mobilization of reserve units has produced problems and stress among most of their spouses in a number of areas.

Five of these items have been combined into a score to measure deployment distress. This score excludes items related to children and refers specifically to the reservists' mobilization and deployment. The score is based on the following items: missing spouse, communicating with spouse, spouse's living conditions, length of mobilization and spouse's safety/well being. These items also represent the areas of greatest distress to the spouse. A value of 1 through 5 is assigned to each response, reflecting low to high distress on each item. Scores range from 5 through 25 with the median falling close to 21, indicating a very strong concentration in

the high distress scores. This is even more striking if we divide the scores into three equal intervals presented below. We see that nearly three-fourths of the respondents score in the high distress category while only 4% have scores indicating very low distress.

Deployment Distr	Frequency	
Low distress	(5 - 11)	4%
Medium distress	(12 - 18)	21
High distress	(19 - 25)	74

Stressful Events (or total stress): Another set of survey items observes specific sources of stress, i.e., problems and hassles of everyday life that have occurred since the reservist was called to active duty. These stressful events include: eviction; bankruptcy; non-recognition of ID card; breaking a lease; problems with landlord, banks, transportation, household repairs, mechanics, military entitlements, power of attorney, household budget, and childcare; extra expenses; no chance to say goodbye to spouse; too many goodbyes because of changes; sexual harassment; robbery reports in neighborhood. The eighteen items are combined into a total stress score, assigning 1 to each stressful event that was experienced by the respondents. Total scores can range from 0 (indicating no stressors) through 18 (every stressor was experienced). Actual scores range from 0 through 11; the median is just under 3 reflecting low incidence of these events (i.e., half of the respondents experienced less than three stressful events) Thirty-nine percent report between three and six stressors while only 10% experienced between seven and eleven stressors The two most frequent sources of stress are straining the budget because of extra expenses connected with deployment such as phone and mail and saying goodbye to spouse several times because the date of departure kept changing (73% report experiencing each of these stressful events).

Life Events: The literature on stress assumes that life events involving change of any sort, whether positive or negative, produce psychological distress (Holmes and Rahe, The survey includes a group of items, adapted from Holmes and Rahe, designed to measure the incidence of life events among the sample of respondents. These items differ from the stressful events described above in two ways: they include events with positive, negative or neutral affect; and they refer to life events at three different time intervals: a) before activation; b) after activation; c) both before and after activation. are twenty-five life events listed which can be grouped as moving; illness or death of child, friend, parent or follows: relative; work (new job, fired, laid off, finding job spouse's work problems); health (spouse ill, pregnancy and complications, miscarriage/abortion, other illness); financial (bills, childcare); marital difficulties; trouble with law; friend moving away; victim of crime or other crisis such as fire.

The number of life events experienced by respondents at each time interval is summed up in the table below. The last column adds up the total number of events for all three intervals.

Number of Life Events	Pre Activation	Post Activation	Pre & Post Activation	Total Events
None	55%	47%	74%	20%
1 - 2	33	42	23	41
3 - 5	11	11	3	32
6 or more	1	0.4	0.4	7

The most significant figures here are found in the last column, total events, which comprises the total events, pre and post activation as well as those occuring both pre and post activation. Only 20% of the respondents experienced none of these events while the great majority (73%) report between one and five events. However, it should be noted that the maximum number of total events is eleven, reported by only 1% of the sample.

If we examine the specific events, the most common, either before or after activation, are starting a new job (12%), pregnancy (10%), moving to a new residence in the same city (10%), moving to a different city or state (9%) and death of a close friend or relative (9%). However, the single most frequent event involves finances, i.e., trouble paying bills, reported by 7% pre-activation, 19% post-activation and 11% at both times.

In this section, we have described the results of the survey with respect to three sets of items, each of which has been combined into a score: distress related to deployment of reservist (deployment distress); stressful events in various life domains since deployment (total stress); life events before and after activation (total events). The correlation matrix below presents the associations among these three scores as well as their relationship to the two measures of well being described earlier: HSCL (Hopkins Symptom Checklist) and satisfaction with everyday life.

-	Total Events	Total Stress	Deployment <u>Distress</u>	HSCL	Everyday Satisfact
Total events		.38	.06	.17	.19
Total stress	.38		.21	.43	.37
Deploy. distress	.06	.21		.53	.24
HSCL	.17	.43	.53		.44
Satis. everyday life	.19	.37	.24	.44	.24

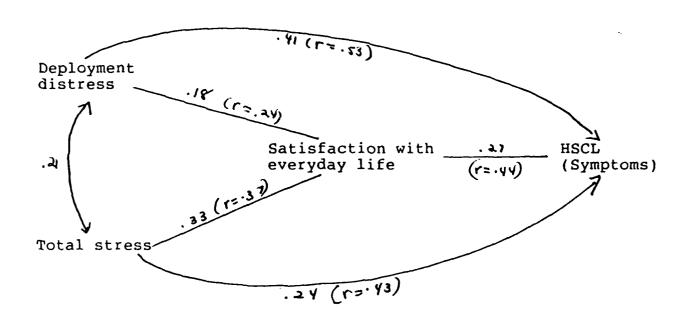
It is apparent that there are very powerful associations among some of these variables. The Hopkins Symptom Checklist (HSCL) shows particularly strong relationships with deployment distress, total stress and satisfaction with everyday life (r's = .53, .43, and .44, respectively). (The correlations are positive because high symptoms, high distress, high stress and low satisfaction were assigned similar values.) Total stress is strongly correlated with both total events (r=.38) and satisfaction with everyday life (r=.37), suggesting that life events (i.e., changes) do produce stress and that general life satisfaction is affected by these. Deployment distress has a moderate correlation with both total stress and everyday satisfaction (r's =.21 and .24, respectively but shows virtually no association with total events (r=.06). Finally, life events has only relatively modest associations with HSCL and satisfaction with everyday life (r's = .17 and .19) and, as indicated above, no relationship with deployment distress (r=.06). To understand these results, we must consider the content of the scores: life events focuses on change which may be either positive or negative in terms of well being; deployment distress refers solely to deployment related issues involving the reservist while total stress and satisfaction with everyday life relate either to specific problems or overall quality of daily life. Thus, while deployment distress may produce anxiety and depression reflected in the HSCL score, it may have considerably less effect on aspects of everyday life.

We have seen that the Hopkins Symptom Checklist has strong associations with a number of other measures of stress, distress and functioning. To assess the relative impact of these variables on physical and psychological symptoms, we use the multiple regression model. HSCL is the dependent or outcome variable; a series of other factors represent the independent variables regressed on the dependent. In each case, the regression coefficient indicates the association between HSCL and the independent variable, controlling on all other variables. Once again, all correlations are positive because of the coding methodology. This is not a causal model as the sequence of independent variables is not specified.

	Correlatio	ns with HSCL
	Zero order Correlation	Multiple Regression Coefficient
Deployment distress	.53	.41
Total stress	.43	.15
Total events	.17	.03
Satisfaction with everyday life	. 44	. 24
Household tasks	.51	.18
Job	.18	.03

The original correlations between HSCL and total life events and job functioning were modest; in the multiple regression model, they are virtually eliminated and are statistically insignificant. The relationship between HSCL and deployment distress is reduced somewhat but remains highly significant while correlations between HSCL and both satisfaction with everyday life and household tasks diminish from strong to modest associations. We can conclude that deployment distress, i.e., anxieties related to spouse's activation, more than any other single factor, has a powerful impact on well being as measured by incidence of psychological and physical symptoms.

We can construct a path analysis including several of these variables in a causal sequence. In the model below, symptoms (HSCL) is the dependent or outcome variable, deployment distress and total stress (stressful events since deployment) are the independent or exogenous variables and satisfaction with everyday life is the intervening factor. The original zero order correlations between the variables are shown in parentheses.



This path analysis shows that deployment distress retains a powerful direct impact on physical and psychological symptoms, even when satisfaction and stressful life events are taken into account (B = .41). On the other hand, total stress affects symptoms largely through satisfaction with everyday life; the direct effect of total stress on HSCL is reduced from .43 to B = .24, when the other variables are controlled. The association between satisfaction and symptoms decreases from .44 to B = .27, when the exogenous variables are entered into the path. In summary, deployment distress affects well being (measured through symptoms) both directly and indirectly, through satisfaction with everyday life. However, the direct effect is more powerful. Conversely, total stress also affects well being but, in this case, the indirect effect (through satisfaction) is the stronger path. Finally, satisfaction with everyday life, continues to have an impact on well being, independent of the stress variables, but this effect is considerably weaker than the original correlation.

STRESS MEDIATION

During Operation Desert Shield/Storm (ODS), there was considerable emphasis by the military on alleviating stress among dependents, both of active duty soldiers and of reservists mobilized for active duty. In this section, we will examine some of the agencies established to deal with stress as well as other support resources used by reservists' spouses.

Family Support Groups: These organizations (FSGs) consist of groups of spouses organized on a volunteer basis for mutual support; they are usually associated with the soldier's unit. Although they exist in peacetime, the data show clearly that FSGs expanded in terms of numbers, activity and participation during ODS. The tables below show the comparison for the periods before and after activation.

	Before Act	ivation	After	Activa	tion
No group	53%			5%	
Group, not active	12			5	*-
Group, active	11			77	
Don't know	23			12	
Never participate(d)	67%			20%	
Rarely participate(d)	11			21	
Sometimes participate(d)	12			20	
Frequently participate(d) 9			39	

The proportion of spouses who either report no group or who do not know (which may indicate that no group exists) decreased from 76% to 17%. Moreover, over three-quarters describe the FSG as active after activation compared with only 11% before activation. The number of spouses who participate frequently or sometimes rose from 21% to 59% between the two periods. Generally, we can conclude from these figures that Family Support Groups became more prominent in every respect after the mobilization of reservists. With respect to non-participation, the major reasons, either pre or post-activation, are distance (meetings held too far from home) or meetings held while respondent is at work.

Among respondents who have experienced a Family Support Group, 43% percent describe the FSG leadership as consisting of volunteers representing all ranks while 13% state that leaders are mostly senior NCO and officers' spouses. However, a considerable group (43%) do not know who most of the leaders are.

Respondents are also asked to evaluate the effectiveness of their FSG with regard to a series of six activities: holding informational meetings; sending out newsletters; passing on information through a telephone tree; organizing interesting or fun activities; providing emotional support to one another; providing assistance in an emergency. A score is computed for each respondent to summarize her evaluation of the FSG. Response categories and the value assigned to each are as follows: group has this activity and it works well (2); group has activity but it needs improvement (3); group has activity but it is not working (4); group does not have activity (5). Total scores thus range from 12, reflecting a highly positive evaluation of the FSG through 30, a very negative score. The median score for spouses is a little over 15, indicating that responses are highly concentrated at the positive end. The distribution is presented below.

Evaluation of FSG Score	Frequency
Positive (12 - 17)	59%
Neutral or mixed (18 - 23)	37
Negative (24 - 30)	4

If we divide the scores into three equal intervals, the skewed distribution is even more striking. Almost three-fifths of the response scores are in the positive third while only 4% are clearly negative. We can conclude from these data on the Family Support Groups that their activity and participation increased markedly during ODS and that their performance in a number of activities has been highly effective.

We can also compare the Family Support Groups in terms of their type of leadership, i.e. whether leadership represents all ranks or whether it consists mostly of senior NCO and officers' spouses. In the following tables, we are omitting those who do not know the leadership or who do not have a Family Support Group. Consequently, the total number of respondents is small (N = 60 out of a total of 236 respondents) but the comparisons do suggest some differences between the two types of group leadership. The table below presents FSG effectiveness based on the score described above.

		FSG L	eadership
Evaluation of FSG	Score	All ranks	Senior NCO & Officer
Positive Neutral or mixed	(12-17) (18-23)	75% 25	33% 67
Negative	(24-30)		
	N =	48	12

The small number of cases makes it difficult to draw firm conclusions from these data but it is clear that FSGs whose leadership represents volunteers from all ranks are much more likely to be evaluated positively than those led by senior rank spouses.

If we look at activity and participation both before and after activation, we find that pre-activation, FSGs led by all ranks were more likely to be active (58% compared to 42%). After activation, type of leadership had no effect as almost all FSGs (96%) became active, regardless of type of leadership.

Participation in FSGs before activation was similar for groups with both types of leadership. However, after activation the groups led by all ranks were considerably more likely to elicit high participation - 57% of the spouses in FSGs led by all ranks participated frequently compared to 35% of the spouses who describe their FSGs as led by senior spouses.

These data, qualified by the small number of respondents, do suggest that the "democratic" type of leadership in Family Support Groups tends to work better than senior-led groups; this is reflected particularly in the evaluation of the groups' effectiveness on a series of activities and in level of participation.

Unit Support: While Family Support Groups tend to be based on the unit, they involve volunteer spouses rather than unit leaders. In order to assess spouses' feelings about unit leaders, the survey includes three sets of questions: a) unit leaders' supportiveness of families before activation (five items); b) leaders' supportiveness after activation (three items); c) effectiveness of family support coordinators (a position similar to the Rear Detachment Commander in the active Army) since activation (four items). A score is constructed for each set of items, a low score indicating that the spouse perceives the unit leaders as supportive, a high score reflecting the reverse. The distribution of scores for each group of items is presented in the tables below. The figures in parentheses are the score intervals in each category.

	Pre	Post	Family
	Activation	Activation	Support Coord.
High support	32% (5-11)	47% (3- 6)	37% (4-9)
Neutral	50 (12-18)	35 (7-10)	40 (10-14)
Low support	18 (19-25)	18 (11-15)	22 (15-20)

There are several conclusions to be drawn from these data. First, only a minority in each case evaluate unit leaders and family support coordinators as either unsupportive or ineffective. Second, family support by unit leaders is perceived more positively after activation than before activation (percentage who perceive high supportiveness rises from 32% to 47%). Finally, family support coordinators are perceived somewhat less positively than are unit leaders after activation.

These measures of support all refer to the unit either directly or indirectly through Family Support Groups which also tend to be based on the unit. It is not surprising therefore that these variables show relatively high intercorrelations as shown in the following table. (All of these coefficients are statistically significant, most at the .0001 level).

	FSG	Pre Unit Sup.	Post Unit Sup.	Fam.Sup. Coord.
FSG effectiveness		.51	.30	.59
Unit Support (pre-act.)	.51		.56	.42
Unit Support (post act)	.30	.56	`	.49
Family Support Coord.	.59	.42	.49	

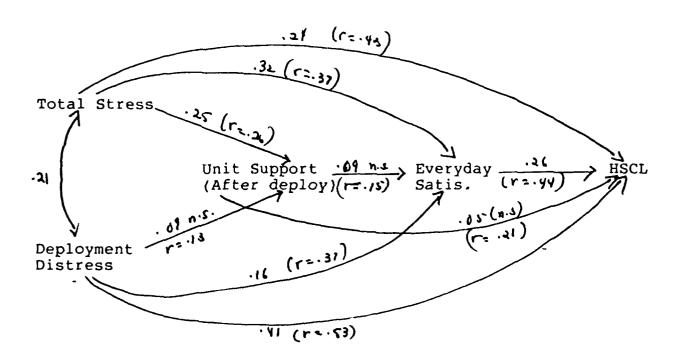
These data suggest that various aspects of unit support are interrelated, i.e., if leaders are perceived as supportive, the unit is likely to have effective Family Support Groups and Coordinators. This finding is consistent with other research in this area.

Family support organizations and activities are designed to provide information, activities, and help to families in order to mitigate problems, stress and anxieties. These functions may be particularly crucial in a period of mobilization when rapid change is occurring in families' lives. Furthermore, for reservists' families who have not been part of a military community, alleviating anxiety may be even more important. The next set of figures examines the relationship between each of these support measures and several variables relating to stress and anxiety. The letters "ns" indicate that the correlation is not statistically significant. The others are signficant at the .05 level or lower.

	Deploy. Distress	Total Stress	HSCL	Everyday Satisfact.
FSG effectiveness Unit Sup (pre) Unit Sup (post) Family Sup. Coordinator	.06 ns	.22	.11 ns	.39
	.001 ns	.22	.09 ns	.04 ns
	.13 ns	.26	.21	.15
	03 ns	.11 ns	.02 ns	.19

These correlation coefficients indicate that Family Support Groups are moderately related to total stress, i.e., stressful events such as financial problems, health problems, etc. (r=.22) and have an even stronger impact on satisfaction with everyday life (r=.39). Their effect on deployment distress and symptoms is insignificant. Unit support, pre-activation, has little effect on the indicators of well being with the exception of total stress (r=.22). On the other hand, unit support, post activation, has a moderate, but statistically significant, effect on total stress, symptoms and satisfaction with everyday life; its effect on deployment distress is not significant. Finally, the Family Support Coordinator has little effect on well being except for satisfaction with everyday life (r=.19). In summary, it appears that everyday life (hassles, stressors, satisfaction) is affected by unit supportiveness reflected by leaders or However, these support activities do not mitigate deployment distress to any significant extent.

The path model below incorporates several of the variables discussed in this section. The exogenous variables are total stress (i.e., stressful life events and hassles) and deployment distress; the intervening variables are unit support after deployment and satisfaction with everyday life and the outcome variable is the Hopkins Symptom Checklist. The original zero order correlations are indicated in parentheses.



This model indicates that total stress retains its association with unit support, everyday satisfaction and symptoms, independently of the other factors. The path between total stress and unit support (B=.25) shows little change from the zero correlation of .26, when deployment distress is controlled. Similarly, the path between total stress and everyday satisfaction decreases only slightly from r=.37 to B=.32. The association between stress and symptoms remains significant although weaker (B=.24).

Deployment distress shows a different pattern in this model. Its correlation with unit support disappears when total stress is taken into account. In other words, most of the original correlation between deployment distress and unit support is due to their mutual association with total stress. However, deployment distress retains an independent, but weaker, relationship with both everyday satisfaction and symptoms (B's = .16 and .41, respectively) when other variables are controlled.

Unit support, after deployment, shows virtually no association with either everyday satisfaction and symptoms, when the exogenous variables are included in the model. It is likely that total stress accounts for the zero order correlations between unit support and the outcome variables.

Finally, everyday satisfaction continues to be associated with symptoms, even when all other factors are included. However, the association is reduced from r=.44 to B=.26. At least some of the original correlation is due to deployment distress and total stress.

In summary, these data indicate that unit support and total stress are related; however, deployment distress is unaffected by unit support. Both total stress and deployment distress influence everyday satisfaction independently. Finally, stress and distress affect physical/psychological symptoms both independently and through their association with everyday satisfaction; the independent effect of deployment distress on symptoms is particularly strong.

Other Sources of Social Support: In the sections above, we have described formal sources of support for reservists' spouses, support based on Family Support Groups and unit leaders. However, spouses may rely on informal sources of support as well. The table below shows to what extent spouses court on certain people and groups for support and help with problems.

		t on for help Rarely/	
Source of Support		Sometimes	never
Reservist/Guardsman from unit Spouse of Reservist/Guardsman from unit	36% 48	16% 23	48% 29
Neighbor/friend not associated with unit	70	17	13
Members of your extended family	82	. 12	7

	Very sup/		Very unsup/
	Support.	Neutral	Unsupp.
Employers/supervis. at work	76%	16%	9%
Spouse's civilian co-workers	67	16	17
Co-workers	84	10	5
A church group	83	12	4
People in the community	76	19	5 .
Your clergyman	80	14	6
Other group	78	13	9

Although the two sets of questions are worded somewhat differently, they do provide comparable data on sources of support. It is apparent that reservists' spouses rely much more on family, friends and neighbors than on members of the unit or unit members' spouses. Within the community, colleagues at work, church groups and clergymen are perceived as either supportive or very supportive. The data on all community sources are very similar, with the exception of spouse's civilian co-workers who are described as somewhat less supportive than other groups. In any case, only small minorities describe family, friends, neighbors, co-workers and community groups as rarely helpful or non-supportive.

Types of Support: Thus far, we have described social support in terms of sources, both formal and informal, military and community-based. The survey also includes a section on types or dimensions of support. Respondents are asked whether they can go to someone outside the home for each of several types of help or support. The table below presents the results.

	Ca	an Obtain	
Type of Support	Def./prob.		Def/prob.
	Yes	Not sure	No
Listen to me	90%	48	6%
To do something enjoyable	81	7	12
To take care of my children	87	4	10
in emergency	79	11	10
To provide transportation	87	6	7
To give me advice when I	87	6	7
To give me emotional support	90	3	7

These results are very clearcut; the overwhelming majority of reservist spouses perceive that they can rely on various types of support from other people, e.g., emotional, material, companionship or psychological. Furthermore, most of the "yes" responses fall into the definite, rather than the probable, category (the proportion of respondents answering "definitely yes" ranges from 50% for providing transportation to a high of 70% for listen to me when I talk).

These items have been combined into a Support Score, excluding the question on taking care of children since many spouses have no children. A high score indicates perceived support, a low score perceived non-support.

Support score		Frequency
Low support	(11)	5%
Medium support	(12 - 18)	14
High support	(19 - 25)	81

Over four-fifths of the spouses perceive high support; furthermore, 40% achieve the maximum score, 25, indicating that they feel they can definitely rely on others for all types of support.

The most important impact of perceived support is on total stress (i.e. stressful life events); the correlation between these variables is -.36.* In addition, support is related to two measures of functioning: how well the respondent is performing household tasks and how satisfied she is with everyday life (r's = -.24 and -.25, respectively). These coefficients are all highly statistically significant (P= .0003 or less). On the other hand, the correlations between perceived support and symptoms, deployment distress and job effectiveness are very minor or non-existent. Probably perceived support has the greatest impact on everyday stress, problems and well being but may have less effect on certain stresses outside the respondent's control such as deployment related factors.

^{*} The negative signs are due to the scoring method: effective functioning is assigned a low value, total stress is assigned a high value and supportiveness has a high score, resulting in irverse correlations (e.g., effective functioning related to high support, low stress related to high support).

COPING WITH DEPLOYMENT

We have been describing stress mediation resources, i.e., people and organizations that reservists' spouses rely on for support and help, both in general and after activation. The survey also includes additional material on how respondents have coped with deployment. One set of questions measures change in utilization of certain support resources by reservists' spouses. The questions ask if the respondent has increased her use of the following resources since deployment of the reservist. (Results are presented in descending order of increased use.)

Resource	Increased
Attendance of FSG activities	54%
Attendance at church or synagogue	41
Overall use of Military Services	33
Visits to health care providers	19
Use of recreational facilities	13
Visits to counselors	9

It should be noted that we are measuring only change, not total use. It is clear that use of military-related resources has increased substantially; only religious attendance even comes close to military resources in terms of increased use. The data on FSGs is consistent with the results reported earlier, describing great expansion of Family Support Groups in terms of existence, activity and participation.

In the previous sections, we have described support sources and resources, both in terms of perception and use. The survey also includes data on coping strategies, i.e., how the respondent approaches problems and their solution (Billings and Moos, 1981). Specifically, the question asks how the individual has faced her most important problem since her spouse deployed. Nineteen coping strategies are presented and the respondent indicates if she has used each method. These behaviors can be divided into two groups: those that are directed toward problem solving and those that focus on control, expression or management of emotions. The two types of behaviors are listed below in descending order of use for each type.

Coping Behaviors	
Problem Directed Behavior	Frequency
Tried to find out more about situation	90%
Talked with spouse or other relatives about it	87
Considered several alternatives to handling it	73
Tried to step back & be more objective	62
Made a plan of action & followed it	50
Drew on past experiences	31
Talked to professional	27

Emotion Focused Behavior	Frequency
Took things a day at a time, one step at a time	91%
Prayed for guidance and strength	90
Tried to see positive side of situation	85
Got busy with other things to keep my mind	81
off problem	
Prepared for the worst	49
Kept my feelings to myself	43
Tried to reduce tension by exercising more	41
Took it out on other people when angry or	29
depressed	·
Tried to reduce tension by smoking more	26
Didn't worry, figured everything would work out	23
Tried to reduce tension by eating more	18
Tried to reduce tension by drinking more	10

The scale includes a preponderance of emotion-oriented coping behaviors - twelve compared to only seven problem-directed behaviors. However, the coping strategies employed most frequently include both types. Taking things one at a time, prayer, optimism and keeping busy represent efforts to gain emotional strength and are reported by about 80%-90% of the respondents. On the other hand, large groups also try to gain information, talk to others about the problem, consider alternative solutions and try to develop objectivity; these strategies try to deal with the problem itself. It should be noted that certain behaviors designed to reduce tension which may be considered psychologically or physically unhealthy (e.g., smoking, drinking or eating more or taking tension out on others) are reported by relatively small percentages of spouses.

In order to examine the association between coping behaviors and well being, we construct a score for each type of coping, assigning a value of 1 to each behavior reported by the respondent. Scores for emotional coping range from 0 through 12, for problem solving, from 0 through 7. Over two-thirds of the spouses score between 5 and 7 on emotional coping while over 40%

fall into the middle categories of 3 and 4 on problem-directed coping. The two types of coping are not strongly intercorrelated; r = .22, reflecting only a modest association between emotional and problem oriented coping behaviors. Correlations between each coping type and indicators of well being or stress are shown below.

Coping Type	HSCL	Total Stress	Deployment Distress	Satis. with everyday life
Problem	02	03	.08	13
Emotion	.36	.27	.29	.12

It is apparent that problem-oriented coping has little relationship to any of the variables measuring psychological well being; the correlation coefficients are statistically not significant. However, behavior focused on emotional reactions does show considerable association with several of these variables. Emotional coping and symptoms are positively correlated (r=.36) indicating that a high incidence of physical and psychological symptoms is related to emotion-focused coping. This suggests a causal sequence in which people with physical/psychological symptoms cope by focusing on emotional reactions. In the case of stressful events, e.g., financial, childcare, or household problems, there is moderate positive association (r=.27); high stress is related to emotional coping behavior. The causal sequence is not entirely clear as stressful events may lead to emotional coping but the latter may, in turn, produce stress as the focus on emotions may discourage efforts to solve problems objectively. Deployment distress and emotionfocused coping are also positively related (r=.29). In this case, there is little the respondent can do to "solve" the problem of deployment; consequently, there may be an effort to cope by relying on emotional types of behavior. Finally, satisfaction with everyday life shows little association with either type of coping behavior; r's of -.13 and .12 for problem and emotion-focused coping are statistically non-significant.

ARMY SERVICES

The Army maintains a wide variety of permanent services, usually on the installation level. As we have observed earlier (see section on Current Residence), relatively few reservists' families live near a post or military installation (only 9% live within ten miles of a military facility). Consequently, it is not surprising that many have never used any of these services. The list below shows the proportion of reservist spouses who have had no experience with each service. The list is in order of experience.

Service	No Experience
CHAMPUS	55%
Family Assistance Center	72
American Red Cross	75
Post Legal Assistance Program (JAG)	82
Post recreational facilities	82
Post Medical Care	84
Army Community Services (ACS)	86
Spouse Employment Office	86
Army Emergency Relief	86
Post Youth Activities Program	90
Chaplain's Religious Program	91
Child Development Center	91
Chaplain's Family Life Center	92
Post Social Work Services	92

It is apparent that the great majority has had no experience with most of these services. It is significant that the only service that close to half of reservist spouses have used is CHAMPUS, the military medical insurance program which is not based on the installation. The single most frequent problem with regard to use of these services is non-accessiblity, cited by about one-third of the respondents.

A more detailed series of questions asks respondents to indicate if they used each service: a) before deployment with satisfaction; b) before deployment with problems; c) after deployment with satisfaction; d) after deployment with problems. For each category, a score is computed assigning a value of 1 to each service used. Thus scores range from 0 (no usage) to 14, (all used). The results are summarized below.

	a Pre/satis.	b Pre/prob.	c <u>Aft/satis.</u>	d Aft/prob.
0- no service used	76%	93%	62%	77%
1 - 3 services used	3 21	6	36	21
4 - 6 services used	1 2	<1	1	
7 or more services used	1		<1	2

These data show that usage of services did rise after deployment. If we combine columns a and b, 27% used at least one service predeployment; this rises to nearly 50% after deployment (columns c and d). If we examine the three most widely used services, we see that CHAMPUS showed the greatest increase between the two periods, from 10% to 32% of the respondents using it, including both satisfied and dissatisfied. Family Assistance Centers also show a substantial increase in use from 4% pre-deployment to 19% after deployment while the Red Cross increased slightly from 10% to 12% of the sample.

The most significant finding is that these three services are all community-based, rather than being located on a military installation. It should be noted that Family Support Groups for reservists expanded both in terms of activity and participation after deployment. The FSGs are also located within the reserve community (e.g. at the Armory, Reserve Center or other community These data indicate that reservists will use facilities and services located within their community; however, they do not take advantage of installation-based services probably because of inaccessibility (i.e., distance). However, if we relate use of military services to distance from an installation, no clear pattern emerges. Unfortunately, there are too few respondents who live near a military installation (only 9% live within 10 miles of an installation) for any meaningful comparisons. The overall increase in use of military services (see Coping with Deployment above) is clearly limited to services that are accessible within the reservists' home communities.

The correlations between use of Army services predeployment, either satisfied or not, and indicators of well being (e.g. HSCL, total stress, deployment distress, and satisfaction with everyday life) are not significant in most cases. Only after-deployment use with problems shows a statistically significant, but modest, correlation with symptoms and total stress (r's=.17 and .14, respectively). Overall use after activation (satisfied and dissatisfied) is associated with symptoms (r=.15, statistically significant). Once again, it is probable that distance and accessibility are the crucial factors in use of Army services by reservists' spouses.

There are several additional items in the survey that relate to deployment experience, utilization of Army agencies and feelings about Army-family interaction. One question asks if the respondent received any prior special training to prepare her for deployment. An additional series of items examines the respondents' attitudes toward Army-family interaction during deployment. The results are presented below.

	<u>Yes</u>	<u>No</u>
Received special training before	12%	88%
present deployment		

	Agree*	Undecided	Disagree
My spouse kept me well informed about the Army	66%	16%	17%
I feel comfortable dealing with military agencies and medical system while spouse is away	43	33	25
Spouses of activated soldiers deserve to be given special treatment by Army	61	25	14
It's the Army's responsibility to try to solve all problems of spouses of activated soldiers	34	19	47

^{*} The agree category includes strongly agree/agree; the disagree category includes strongly disagree/disagree.

It is apparent that few spouses received any training for ODS deployment of reservists. In terms of Army-family interaction, there is considerable variation in the results. Most (two-thirds) think their spouses have kept them well informed; nearly as many believe spouses of activated soldiers deserve special treatment; only about one-third think the Army is responsible for solving problems of spouses; and, finally, less than half are comfortable dealing with Army agencies.

We can analyze the association between well being among reservists' spouses and the factors described above: training, information, feelings about Army agencies, whether spouses should get special treatment and the Army's responsibility to solve spouses' problems. The correlations are presented in the table below. The letters "ns" indicate a non-significant correlation while the remainder are all significant at the .05 level or better.

-	Deploy. Distress	Total Stress	HSCL	Everyday Satis.
Training for deploy. Spouse informed Dealing with Army agencies	.14 .14 .17	.08 ns .21 .33	.05 ns .15 .22	.09 ns .15 .26
Special treatment Army responsibility to solve problems	.14 .12 ns	.15 .22	.20	.06 ns .16

It should be noted that the coding methodology assigned a low score to positive responses (e.g., low stress and distress, symptoms, high satisfaction, training, ease in dealing with agencies, non-special treatment and not expecting the Army to solve problems). Thus all the correlations are positive. These correlations are generally weak, even when statistically significant. Training has little impact on any indicators of well being except for a modest effect on deployment distress (r=.14). The importance of information is evident as it relates to all four measures of well being, most strongly to total stress These results suggest that information, and knowledge help the spouse in coping with everyday hassles and stressors. The strongest relationships are observed with respect to dealing with Army agencies, i.e., spouses who feel comfortable with agencies are lower on all the indicators of stress and higher on well being. An important result, omitted on the table above, is the strong correlation between information and dealing with Army agencies (r=.30). This finding indicates that information about the Army enables the reservists' spouses to feel more comfortable in dealing with agencies which, in turn, has an impact on well being. Finally, there are significant associations between desiring special treatment for spouses and Army responsibility to solve problems and several indicators of well being such as symptoms and total stress. These data suggest a causal sequence in which spouses suffering physical/psychological symptoms and everyday stress and hassle believe that the Army should provide special help. It should be emphasized that most of these associations are modest to moderate, indicating some relationship but not a very strong one.

CHILDREN

As we noted earlier, most of the respondents have children; 78% have at least one child living at home. About three-fifths have one or two children living at home and less than 20% have three or more children. The age distribution of children living at home is summed up below.

Age	<u>Childl</u>	Child2	Child3	Child4	Child 5-6
Infants (less than 1 year)	7%	6%	9%	18%	
Pre-school (1-5)	19	26	41	46	100%
Elementary school (6-11)	28	31	41	27	
Junior high or high school (12-18)	41	33	7		
More than 18 years old	5	4	2	9	
N =	169	113	46	11	4

It is apparent that very few respondents have more than three children living at home. Furthermore, children are concentrated in three age groups: pre-school, elementary school and junior and senior high school ages.

For each child living at home, the respondent is asked two sets of questions as follows:

...indicate whether any of your children ...had any of the following during the year prior to the present deployment.

learning disability
saw counselor for problems
serious health problems
on medication for hyperactivity
doing poorly in school
problems with drugs or alcohol
trouble with the law

Most respondents (79%) indicate that none of their children had any of these problems; 15% cite one or two problems and only 6% experienced three to five problems. The most common problem was doing poorly in school followed by seeing a counselor and learning disabilities.

An analogous question asks if any of your children have experienced any of the following since deployment.

increased sadness, tearfulness
new or increased discipline problems at home
new or increased discipline problems at school
increased academic difficulty
demanding more attention
refusing to talk or communicate
increased immature behavior
new or increased eating problems
nightmares
trouble with sleep
child needed professional counseling
child saw a counselor for problems
child did not see a counselor because could not afford it

After deployment, it is clear that many more problems were experienced by children as the following table indicates. It should be noted that the number of problems is the total for all of the respondent's children. Thus, if three problems are cited, this may reflect one child with three problems or three children with one problem each, etc.

Number of Problems	Frequency
None	. 44%
1 - 3	25
4 - 6	14
7 - 10	9
11 and over	8

The majority (56%) of reservists spouses experienced at least one of these problems and a substantial minority report multiple problems.

The most frequently report problems are increased sadness/tearfulness and demanding more attention, each cited by 37% of the respondents. These are followed by discipline problems in the home experienced by 28% of reservists' spouses. The remainder of the post-deployment problems were experienced by only small minorities ranging from 18% for sleep problems to less than 2% who who believed their child needed counseling but could not afford it.

We can examine the relationship between problems with children and indicators of stress and well being, i.e., deployment distress, total stress, satisfaction with everyday life and symptoms. We find that pre-deployment, the number of problems with children relates only to total stress, i.e., stressful events or hassles, and this relationship is modest but statistically significant, r=.14. After deployment, as might be expected, the incidence of children's problems has a considerably stronger effect. The correlations between children's problems and total stress, satisfaction with everyday life and symptoms are .30, .22 and .17 respectively, all significant at the .01 level or less. Only deployment distress, reflecting anxiety rooted in the reservist's service, is unaffected by children's problems. In summary, it is fair to conclude that problems experienced by children after deployment have an adverse effect on spouse's well being.

RETENTION

The Army is interested in retaining its soldiers, both in the active and the reserve components. Furthermore, it is assumed that opinions and attitudes of spouses toward remaining in the Army will affect the soldier's decision. The current survey includes two questions relating to spouses' attitudes in this area; the results follow in the table below.

"How would you feel if your spouse were to remain in the USAR/ARNG until eligible for retirement?"

"If your spouse could get out of the Reserves/National Guard tomorrow, should he/she?"

	Positive	Not sure	Negative
Remain until retire	41%	33%	26%
Get out tomorrow	35	37	28

Over two-fifths of the spouses would be either satisfied (13%) or very satisfied (28%) if soldier would remain in the reserves until retirement; this compares with 26% who would be dissatisfied with this decision (17% express great dissatisfaction). With regard to getting out immediately, the results are somewhat less positive (35% say no or definitely no) but the differences are not great. The majority of spouses apparently feel at least somewhat positive or are not sure of their attitude toward remaining in the reserves.

As might be expected, these results are strongly negatively intercorrelated - $r \approx$ -.77. That is, spouses who do not want their husbands to stay until retirement are likely to favor leaving the Army immediately.

We are interested in the factors that influence these attitudes toward retention. To examine these, we will focus on the item "remain until retirement." This is more likely to measure stable attitudes while feelings about getting out tomorrow may reflect more transient feelings. In any case, the results are very similar for both items.

Among the demographic variables, there are no significant correlations between age, rank or education and feelings about retention. However, if we categorize respondents into rank groups, we do find the following.

Attitude toward Retention	E1-E4	<u>Rank</u> E5-E9	WO/Com.Off.
Positive	41%	40%	66%
Not sure	25	36	31
Negative	34	24	13
N =	56	159	16

It is apparent that the spouses of higher ranking reservists (warrant officers or commissioned officers) are more likely to favor remaining until retirement than are the lower ranks. If we examine the dissatisfied (negative), there is a clear linear relationships between dissatisfaction and rank. (The lack of a significant correlation between rank and retention attitudes is due to the small number of cases in the highest rank category.)

The table below presents the variables that are significantly correlated (P=.05 or less) with spouse attitude toward retention. The variables are grouped into three categories: well-being; support mediators; and variables relating to Army-family interaction.*

	Attitude toward Retention
Well being	
Deployment distress	.15
Satisfaction with everyday life	.17
HSCL (symptoms)	.32
Support mediators	
FSG effectiveness	. 24
Unit support (pre-deployment)	.19
Unit support (after deployment)	.21
Army-family interaction	
Spouse kept me informed	.15
Comfortable dealing with Army agencies	. 24
Spouses deserve to be given spec	ial
treatment by Army	. 24
Army's responsibility to solve a problems of spouses	.18

^{*}These correlation coefficients are all positive because of the coding methodology: favoring retention, low distress, high satisfaction, low symptoms, effective support, satisfaction with Army-family interaction all have low scores.

These correlations can be summed up briefly as follows:

- 1. Respondents who experience less deployment-related distress, greater satisfaction with everyday life and fewer physical/psychological symptoms are more likely to want their spouses to remain in the reserves until retirement.
- 2. Respondents who evaluate their Family Support Groups as effective and who feel that the unit was supportive before deployment and after deployment are also likely to favor remaining in the the reserves.
- 3. Respondents who feel they were kept informed and who are comfortable dealing with Army agencies tend to favor retention. Those who think the Army should give spouses special treatment or that the Army should solve all problems are less likely to want their spouses to remain in the reserves, i.e., attitudes favoring special treatment and Army responsibility are related to negative feelings about retention.
- 4. Finally, certain factors show virtually no relationship toward retention; these include total or everyday stress, participation in the FSGs either before or after deployment, attitudes toward the Family Support Coordinator and whether or not the spouse received training for deployment.

DISCUSSION

A major finding in this survey of Reservist and National Guard spouses is that they live in a civilian, rather than a military, world. Only about one-fifth reside within 25 miles of a military installation while 37% live over 100 miles from one. It is perhaps not surprising that most of these these spouses have had no experience with a variety of Army services such as ACS, Chaplain, Youth Activities, recreational facilities and post medical care. The services with which they are familiar tend to be non-installation based: 45% have experience with CHAMPUS, 28% with the Family Assistance Center (these were established at reserve centers) and 25% with the Red Cross.

In terms of stress and well being, the majority of Reservist and Guard spouses coped well with their jobs, household tasks and were generally satisfied with everyday life. Relatively few (9%) experienced a high level of psychological and physical symptoms. The major source of stress was deployment; factors such as uncertainty about the length of deployment, missing one's spouse, difficulties in communication, concern about spouse's safety and living conditions produced considerable distress among the respondents. Everyday problems and stresses were less significant than deployment distress. Financial problems and multiple goodbyes due to changes in date of departure constituted the major stressors.

These respondents generally found social support in the civilian community, rather than from military sources. The great majority felt they could count on extended family and friends not associated with the unit at least most of the time. Much smaller groups cited relying on either unit members or spouses of unit members. Other sources of support were co-workers, clergy, church groups and people in the community.

With regard to social support, activation did produce an important development in military sources of support. The Family Support Groups show a great increase both in activity and in participation after activation. The percentage of active FSGs increased from 11% to 77% while spouses who participated sometimes or frequently rose from 21% to 59%. Furthermore, most spouses evaluated the FSGs positively in terms of effectiveness. There is some indication that FSGs led "democratically" (i.e., by spouses of all ranks) were rated more positively than those led by senior ranking spouses. Respondents also perceived support post-activation by unit leaders somewhat more positively than before activation. These support sources (unit, FSG) had a buffering effect on total stress but little impact on deployment related distress

Spouses coped with deployment in two major ways: problem directed behavior (e.g., considering alternatives, making plans, talking to professional) and emotion focused behavior (prayer, looking a positive side, preparing for the worst). Results indicate that spouses who used emotion-focused coping were more likely to manifest high symptoms but were also more likely to alleviate deployment distress than were those who used problem-directed behaviors. Respondents also report that since deployment, they have increased attendance at Family Support Groups, churches and synagogues and increased their use of military services.

Certain other factors relating to Army-family interaction also affected well being. Spouses who felt they were kept informed, who were comfortable dealing with Army agencies, who did not expect special treatment or solution of all their problems by the Army tended to report less stress and higher well being. On the other hand, training for deployment had little or no impact on these variables.

Childrens' problems, as might be expected, tended to increase after deployment, and also had a negative effect on well being. However, deployment distress, defined in terms of concerns about the soldiers' safety and living conditions, was unaffected by problems with children.

Respondents were divided on the question of soldiers remaining in the service until retirement: while two-fifths were positive, one-third were unsure and over one-quarter did not favor retention. Many of the factors described above affected attitudes toward retention: a) well being (symptoms, everyday satisfaction, deployment distress) b) perception toward support mediators (FSG, unit support) and c) feeling about Army-family interaction (kept informed, dealing with Army agencies, special treatment and expecting Army to solve all problems).

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APPENDIX

SURVEY QUESTIONNAIRE

OPERATION DESERT SHIELD FAMILY WELL BEING SURVEY

Department of Military Psychiatry
Walter Reed Army Institute of Research
Washington, D.C. 20307-5100

US Army Soldier Support Center Survey Control Number: ATNC-AO-91-23B RCS: MILPC-3

This survey will provide the Army with important information about the problems experienced by families of soldiers who have been deployed to Saudi Arabia and elsewhere as part of "Operation Desert Shield". Your participation in the survey is voluntary. Failure to respond to any question will not result in penalty. However, your participation is encouraged so that the data will be complete and representative. Only persons involved in collecting or preparing the information for analysis will have access to completed survey booklets. Only group statistics will be reported.

THANK YOU FOR YOUR HELP!

PLEASE USE A #2 PENCIL AND FILL IN THE BUBBLE WHICH CORRESPONDS TO YOUR ANSWER. PLEASE BE SURE TO FILL IN THE MIDDLE OF THE BUBBLE LIKE THE EXAMPLE BELOW. YOU DO NOT NEED TO FILL IN THE WHOLE BUBBLE!	FOR OFFICE USE ONLY Please do not mark in the shaded area
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IMPROPER MARK	³ 88888 ⁵ 88888
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Please indicate your spouse Military Police Engineering Quartermaster Hospital Chemical	Combat Support Ordnance Transportation Adjutant General (personnel) Other Don't Know	Please indicate PVT PV2 PFC SPC/CPI SGT SSG SFC		e's rank: CW2 CW3 CW4 LT LT CPT MAJ	
Where is your spouse NOW In Saudi Arabia/Persiar Outside the United State In the United States, bu Living with me now Other	Gulf es, but not in Saudi Arabia	MSG SGM/CS WOI	м Е) LTC) COL	
WE WO	JLD LIKE TO ASK YOU SOME Q YOUR BACKGROUND, AND YO			₹,	=
1. Age on your last birthday 1	one who was on active dut	y full time? No n active duty year	been of current states of the current states	ong have you married to your nt spouse?) Less than 1 year) 1-5 years) 6-10 years) 11-15 years) 16-20 years Over 20 years s your sex?	le —
6. What is your race/ethnic and White (not Hispanic Hispanic Asian Other	c) c)	3. When you were a did you at any time guardian who was You. How many children	ne live with a positive dutes	parent or adult y? No	
7. What is the highest level of that you have completed? Some high school GED High school diplom Some college/techn College graduate Graduate work	a 10 ical training	now? 0 1 2 0. How many childr from home? 0 1 2	3 4 5 ren do you hav	6 7 8 or more we living away 6 7 8 or more	-
	Page		10 10 10 10 10 10 10 10 10 10 10 10 10 1	7246	· –

	_
11. Which of the following best describes the	* 16. Do you have power of attorney from your spouse?
type of place where you are living now?	
Large urban area (over 250,000)	* Yes
Suburb near large city	* No
Medium sized city	* 48 ** A 1 1A
× ,	* 17. How far are you located from the nearest military
Suburb near a medium sized city	* installation with a commissary/PX/hospital?
A small city or town (under 50,000)	* 10 mi or less 101-200 mi
On a farm or ranch	* I1-25 mi More than 200 mi
Rural area (but not a farm or ranch	* 26-50 mi Don't know
	* 51-100 mi Not applicable, I live on post
12. Do you currently	*
Rent an apartment, house, or trailer	* 18. How is your spouse currently providing for you?
Pay a mortage on an apartment house or	* Sure pay with joint checking
trailer that you own	* An allotment
Live with family or friend	* Other
Not applicable, I live on post	* I am not receiving any income
Other	* from my spouse
	*
13. Do you have a current driver's license?	* 19. What is your current employment status?
Yes	* Full time employed
No	* Part time employed
	* Unemployed but seeking work
14. Do you have use of a vehicle for daily	× • • •
transportation?	* Homemaker, not currently seeking work
Yes	* 20 Has there have any thought in the Artist in the
No	* 20. Has there been any change in your total income
	* since the recent deployment of your spouse's unit?
Not applicable, I don't drive	* Increase of more than 75%
15 To them to all transport of the state of	* Increase of 50-75%
15. Is there local transportation in your area that	* Increase of 25-50%
is adequate for your needs?	* Increase up 25%
Yes, very adequate	* About the same
Yes, fairly adequate	* Decrease of up to 25%
No, not adequate	* Decrease of 25-50%
Not applicable	* Decrease of 50-75%
	* Decrease of more than 75%
company, department stores, gasoline cards) no loans based on the Soldiers' and Sailors' Civil Yes, and it was adjusted Yes, an adjustment way Yes, an adjustment way a soldier way a so	ed automatically without my requesting it. Is made without any problem after I requested it. Is made after some initial difficulty. In made yet, but has been requested.
Deconstruction of the second o	

YOU		
	YOUR SPOUSE	ibes your civilian occupation as well as your spouse's occupation?
()	~	mployed for pay
\simeq	> /	reacher - elementary or secondary
\simeq	≻ <	care provider, day care worker, babysitter
\simeq	> -<	cal - secretary, file clerk, bank teller, ticket agent
\sim	<u> </u>	- salesperson, advertising, insurance agent, real estate broker, cashier
\simeq	~	ssional - dentist, physician, lawyer, scientist, college teacher
\bowtie	>	ssional - social worker, nurse, accountant, engineer, librarian, computer programmer
\simeq	\sim	ger/Administrator - office, sales, restaurant, school, buyer, government official
\simeq	>=	ietor/Owner - small business, contractor
\bowtie	· ·	nical - draftsmen medical or dental technician, computer operator
\bigcirc	\sim	
	Servic	ce - barber, beautician, practical nurse, janitor, waiter, food service worker, security
\simeq	Confi	guard, housekeeper, cleaner
\simeq	>~	man - baker, mechanic, carpenter, plumber
\sim	>	er - construction, car washer, sanitary engineer
\sim	\sim .	tive - assembler, welder, bus/truck driver
\bigcirc	Other	
	>	wner of a business, physician, lawyer in private practice ivately - owned business/company
	Employed by a standard Employed by the Other	nte government Federal government
-	Employed by the Other Spouse's main civilian en (Check all that apply) DON'T KNOW	Federal government ployer continue any benefits for your family or spouse after the unit was
activated?	Employed by the Other Spouse's main civilian en (Check all that apply) DON'T KNOW	Federal government Inployer continue any benefits for your family or spouse after the unit was Health insurance
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QUESTIONS ABOUT SUPPORT FROM YOUR	R FRIENDS, FAMILY AND COMMUNITY
27. Before your spouse was called to active duty for the Opera Family Support Group associated with your spouse's unit on a volunteer basis for mutual support, and is sometimes of concern, or a telephone tree).	? (This consists of a group of spouses organized
Yes there was a group but it was not active (few org	anized activities - only special events like a Christmas party).
Yes there was a group and it was active. No, there was no group	
Don't know	
28. If there was an active FAMILY SUPPORT GROUP: How frequently did you participate in group activities	29. Since your spouse's unit was activated, has there been a FAMILY SUPPORT GROUP
before the recent call to active duty?	associated with your spouses unit?
Frequently participated in activities	Yes, there is a group but it is not active
Sometimes participated in activities	Yes, there is a group and it is active
Rarely participated in activities	No, there is no group
Never participated in activities	Don't know/Not applicable
Never participated in activities	Don't allow/t for approvation
30. If there is NOW an active FAMILY SUPPORT GROUP a	
do you participate in group activities AT THE PRESENT	
Frequently participate in activities	Never participate in activities
Sometimes participate in activities	Not applicable
Rarely participate in activities	
31. If you answered that you <u>rarely</u> or <u>never</u> participated in Fa or <u>after</u> your spouse's unit was called to active duty please for non-participation.	AMILY SUPPORT GROUP activities either <u>before</u> indicate the importance of the following reasons
1 = Very important reason	3 = Not an important reason
2 = Somewhat important reason	4 = Not applicable
Mark Little Colored Laws	
Meetings were held too far from my home	
I was generally at work when meetings were held	
I had no transportation to get to meetings	\times
I was not interested in attending meetings	\times
Child care problems	\times
Other reason not mentioned here	0000
32. If your spouse's unit has a FAMILY SUPPORT GROUP, I	now well does your group handle the following
activities?	A Our many has this activity but it is not marking
1 = Don't know, or not applicable	4 = Our group has this activity but it is not working
2 = Our group has this activity and it works well	5 = Our group does not deal with this activity at all
3 = Our group has this activity but it needs improvement	1 2 2 4 5
Holding informational meetings Sending out newsletters Passing on information through a telephone tree	8888
Organizing interesting or fun activities	ŎŎŎŎŎ
Providing emotional support to one another	T T T T T T T T T T T T T T T T T T T
Providing assistance in an emergency	
Control of the second s	

	d you describe you					
~	•	ting all ranks in the age of the second of t	unit NCO and officer spou	ıses) Don't know) Not applicable	
_	•		•		,	
4. How (often can you cour		people for help with	a personal or f		
	1 Never	2 Rarely	3 Sometimes	4 Most of	5 All of	
	11444	Raiciy	Sometimes	the time	the time	
				- tuo-traic	 	3 4 5
	A Reservist/Guard	isman from your spo	ouse's unit		\overline{O}	\dot{O}
	• • • • • • • • • • • • • • • • • • • •		from your spouse's t		O O O	000
			iated with your spou		QQQ	QQ
	Members of your	extended family (pa	rents, siblings, paren	ts-in-law)	$\circ\circ$	$\mathcal{O}\mathcal{O}$
. At vo	ur current locatio	n is there someone	outside vour home	that you can go	to for each of the follow	wino?
	1	2	3	4	5	
	Definitely	Probably	Not	Probably	Definitely	
Į	No	No	Sure	Yes	Yes	
				_	$\frac{1}{2}$	4 5
		when I need to talk	• •		QQQ	22
		o do something enjo	•		\times	$\langle XX \rangle$
		my children in case sportation when I ne	~ .		\times	$\langle XX \rangle$
	To give me advi	-	AL II		\sim	
		ice when I need it			()()()()	$\cap \cap$
			I need it		888	888
	To give me emo	tional support when			888	388
Since y	To give me emo	tional support when		<u>supportive hav</u>	ve you found the followi	
1	To give me emo our spouse's unit 2	vional support when was recently called 3	I to active duty, how	4	5	6
1 Very	To give me emo our spouse's unit 2 Suppor	vional support when was recently called 3	I to active duty, how	<u>z supportive hav</u> 4 pportive	5 Ver y	6 Not
1 Very	To give me emo our spouse's unit 2 Suppor	vional support when was recently called 3	I to active duty, how	4	5 Very Unsupportive	6
1 Very	To give me emo our spouse's unit 2 Suppor	vional support when was recently called 3	i to active duty, how ral Unsu	4	5 Very Unsupportive	6 Not Applicable
1 Very	To give me emo our spouse's unit 2 Suppor Your employed	was recently called 3 tive Neut oyers/supervisors at se's civilian co-work	to active duty, how ral Unsu	4	5 Very Unsupportive	6 Not Applicable
1 /ery	To give me emo our spouse's unit 2 Suppor Your employour spous Co-worker	was recently called 3 tive Neut oyers/supervisors at se's civilian co-work	to active duty, how ral Unsu	4	5 Very Unsupportive	6 Not Applicable
1 Very	To give me emo our spouse's unit 2 Suppor Your employour spous Co-workers A church g	was recently called 3 tive Neut oyers/supervisors at se's civilian co-work s troup	to active duty, how ral Unsu	4	5 Very Unsupportive	6 Not Applicable
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1 ery	To give me emo our spouse's unit 2 Suppor Your employour spous Co-worker A church g People in the	was recently called 3 rtive Neut coyers/supervisors at se's civilian co-work seroup the community of group not mentioned	to active duty, how ral Unsu	4	5 Very Unsupportive	6 Not Applicable
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1 Very portive	To give me emo our spouse's unit 2 Suppor Your employour spous Co-worker A church g People in the Some other Your clerge	was recently called 3 rtive Neut coyers/supervisors at se's civilian co-works rroup the community or group not mentione yman	I to active duty, howers work cers ed here	4 pportive	Very Unsupportive 1 2 3 4	6 Not Applicable 5 6
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1 = Strongly agree	gree with the following statements? 3 = Neither agree nor disagree	5 = Strongly disagree
2 = Agree Before your spouse's most recent Were generally supportive of Emphasized the importance Encouraged family members. Were considerate about giving Were good about getting impassed and for Operation Desert Shield, your Provided families with adequate Were considerate about giving Were generally supportive of Since your spouse's unit was active Emphasize the importance of Provide families with adequate	4 = Disagree call to active duty, your spouse's unit leade of families of Family Support Groups is to attend unit events ing your spouse time for family needs and act portant information out to family members active duty but before his/her unit deployed in spouse's unit leaders unite information in the form of briefings or be ing your spouse time for family needs and act if families wated, the family support co-ordinator If Family Support Groups	tivities 1 2 3 4 5 6 - oriefing packets
Control rumors Make family members feel c	omfortable coming to them for help with a p	
1 = I have never ba	d any experience with this service	-
2 = I had used this s 3 = I had problems 4 = I used this servi 5 = I had problems Army Commun Post Legal Ass Army Emerger Post Youth Act Spouse Employ American Red The Chaplain's The Chaplain's Post recreation Child Develope Post Social Wo Post Medical C Family Assistan	Cross Religious Program Family Life Center al facilities ment Center	E THE DEPLOYMENT s satisfied
2 = I had used this s 3 = I had problems 4 = I used this servi 5 = I had problems Army Commun Post Legal Ass Army Emerger Post Youth Act Spouse Employ American Red The Chaplain's The Chaplain's Post recreation Child Develope Post Social Wo Post Medical C Family Assistan CHAMPUS	service BEFORE THE DEPLOYMENT at using or trying to use this service BEFOR ce AFTER THE DEPLOYMENT and was using or trying to use this service AFTER 1 2 3 Inity Services (ACS) Istance Program Incy Relief (AER) Initivities Program (YA) Inity Services Religious Program Family Life Center Inity Services Religious Program Family Life Center Inity Services Inity Services Inity Services Inity Services Inity Services Inity Services Inity Service AFTER Inity Services Inity Service AFTER Inity Services Inity Service AFTER Inity Service	E THE DEPLOYMENT s satisfied THE DEPLOYMENT 4 5

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41 How would you feel if your one	4		Antanna d		dinomon42	0
41. How would you feel if your spo	onze were to t	emain in the US		eligible for re))	
•	atisfied	Not	Dissatisfied		•	
Satisfied		Sure		Dissa	tisfied	
42. If your spouse could get out of t	the Reserves/	National Guard	tomorrow, shou	ld he/she?		
(\bigcirc	\bigcirc	<u></u>	\subset)	
Definitely Yes	Yes 	Not Sure	No	Defini	tely No	
3. Have you ever been on active di	uty?					
I am presently on	•					
I was previously o	-	-	-			
I was previously o	-					
I was never on act	• •				_	
I was never on act	•	•			i	
If you are now on active duty, or	•			•		
following questions: <u>If you are no</u>	<u>ot on active du</u>	ty, and are not in	the Reserves or	<u>National Gua</u>	rd, continue	
with question #48.						
4. What is your component?						
Regular Army		Army Nat	tional Guard			
United States Army Rese	erve	> -		ice (Navy, Air	Force, Marine Cor	rps)
•				` , , ,		•
5. What is your rank? (Army/Nav	·	•			2LT/ENS	
PVT/SR/PVT/AB	\sim	/PO2/SGT/SSgt		Q WOI		.g)
PV2/SA/PFC/AMN	> <	/PO1/SSgt/TSgt		CW2	CPT/LT	סר
PFC/SN/LCp1/A1C SPC/CPL/PO3/Cp1/SRA/Sgt	><	/CPO/GySgt/MS _f 3/SCPO/MGySgt		CW3 CW4	MAJ/LCI	
Ja Cycl Cir Osycpitska sgr	~	I/CSM/MCPO/S(•	OCW4	COL/CPI	
	<u> </u>		JIM CINIDE!		00401	•
. Are you in a unit that has been d			٠.	· •		
My unit deployed but		-	oy	•••		
My unit deployed and	• •					
My unit deployed but My unit deployed but				•		
No, my unit did not de				-		
No, my unit has not de	•		,			
_						
. Do you have an Army Family Ca			• • •			
I have or had a plan w					work now	
I have a plan that has r I have a plan that has b				UW		·
I have a plan that was			B			
I have never had a fam		A TOW OF DOLLAR				
Not applicable	, vare pinit					•

48. We would like to ask you some questions about each child aged 18 years or younger living with you. If you do not have children aged 18 or younger living with you, please skip to question #49.

PLEASE INDICATE THE AGE AND SEX OF EACH CHILD LIVING WITH YOU:

ELDEST:	2nd CHILD:	3rd CHILD:
Age on last birthday: 0 1 2 3 4 5 6 7 8 9	Age on last birthday: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Age on last birthday: 0 1 2 3 4 5 6 7 8 9
SEX: Male Female	SEX: Male Female	SEX: Male Female
4th CHILD:	5th CHILD:	6th CHILD:
Age on last birthday: 0 1 2 3 4 5 6 7 8 9 SEX: Male Female	Age on last birthday: 0 0 0 1 0 0 3 4 0 0 5 6 0 7 8 9 0 0 SEX: Male Female	Age on last birthday: 0 1 2 3 4 5 6 7 8 9 SEX: Male Female

and the properties of the second of the seco

49. Please indicate whether any of your che during the year prior to the present de fill in the bubble for each child who ha	ployment (approximately f	is page have had an From August 1989 to	y of the following o August 1990). Please	
		CHILDREN'S B	IRTH ORDER:	_
	Firs	st or eldest child	Sixth child	-
Had a learning disability Saw a counselor for proble Had serious health proble Was on medication for hy Was doing poorly in scho Had problems with drugs Had trouble with the law	ms peractivity ol			
50. Since the recent deployment of your sp of the following: Please fill in the bubb			ove experienced any	1780 1880
		First or eldest child	I Sixth	child =
Increased sadness, tearfulness New or increased discipline problems at New or increased discipline problems at Increased academic difficulty Demanding more attention Réfusing to talk or communicate Increased immature behavior New or increased eating problems (eating Nightmares Trouble getting to sleep or staying asleep In your opinion this child needed profess Child saw a counselor for problems Child did not see a counselor because por cut back and you could not afford of	school g too much or too little or bei ional counseling st medical services were CHAMPUS			
THE FOLLOWING QUESTIONS DEAL W			TH YOUR DAILY LIF	E =
51. Overall, how well did you manage <u>during</u> as shopping, paying bills, taking care of During the past week I managed my task	g the past week in accompli the children getting to appos s	shing your daily ho ointments, doing la	usehold tasks such undry, etc	=
Very Well Fairly Well	About Average	Poorly	Very Poorly	
	\cup	\bigcirc	\bigcirc	_
2. If you work for paid employment, please During the past week I was able to handle	e my job			-
Very Well Fairly Well	About Average	Poorly	Very Poorly	
OI	R: Not Applic	able		

Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisf	īed	
54. To what extent do you agree						
1 = Strongly Disagree	2 = Disagree	3 = Undec	$\frac{\text{cided}}{\text{cided}} \qquad 4 = Ag$	gree 5 = Sti	rongly Agree	4 <i>4</i>
My spouse has kept me well inf I feel comfortable dealing with		-		Ö		O
military medical system w	• -			100	0000	
Spouses of activated soldiers de	serve to be given	special treatme	-	100	000	\supset
It is the Army's responsibility to Guardsman who have been	•	e problems of	spouses of Reservis	sts/	0000	\bigcirc
5 - TV 41-61-d	4h		ing before your cr	· 1	or Operation	S
5. How satisfied were you with Desert Shield? Please rate y			oing before your sp	ouse aepioyea i	or Operation	
) O C		\mathcal{O}	\circ)	
Very Satisfied		Unsure		Very Diss	satisfied	
C Dafana tha musaant danlassee	ne did nou bous s	nn neorioss -	nacial training be	the military to n	renare vou	
 Before the present deployme for a deployment in which yo 					nepare you	
tor a deproyment in which ye	\ ⁻	Ocamay ior a	i monen or rouger.	•		
) Yes	()No				
) Yes	○N ₀				
7. During the past month have)					
7. During the past month have)					7
	you been bothere		3 = A little	4	= Not at all	
)		3 = A little	4	= Not at all	
1 = Extremely 2	you been bothere	ed by:			= Not at all	
1 = Extremely 2 Headaches	= Quite a bit	ed by:	i. Heart pounding c	or racing	11 222	
1 = Extremely 2 Headaches Nervousness or shakiness inside	= Quite a bit	ed by:	i. Heart pounding o	or racing or staying asleep	11 222	
1 = Extremely 2 Headaches Nervousness or shakiness inside Poor appetite	= Quite a bit	ed by:	i. Heart pounding of Difficulty falling V. Feeling hopeless	or racing or staying asleep about the future	11 222	
1 = Extremely 2 Headaches Nervousness or shakiness inside Poor appetite Faintness or dizziness	= Quite a bit	ed by:	i. Heart pounding o	or racing or staying asleep about the future things that are	11 222	
1 = Extremely 2 Headaches Nervousness or shakiness inside Poor appetite Faintness or dizziness Trembling	= Quite a bit	rd by:	Heart pounding of Difficulty falling Feeling hopeless Unable to enjoy to usually pleasura	or racing or staying asleep about the future things that are ble	11 222	
1 = Extremely 2 Headaches Nervousness or shakiness inside Poor appetite Faintness or dizziness Trembling Crying easily	= Quite a bit	rd by:	i. Heart pounding of the control of	or racing or staying asleep about the future things that are ble	11 222	
1 = Extremely 2 Headaches Nervousness or shakiness inside Poor appetite Faintness or dizziness Trembling Crying easily A feeling of being trapped or	= Quite a bit	15 16 17 18	i. Heart pounding of the control of	or racing or staying asleep about the future things that are ble nergy or slowed	11 222	
1 = Extremely 2 Headaches Nervousness or shakiness inside Poor appetite Faintness or dizziness Trembling Crying easily A feeling of being trapped or caugun	= Quite a bit	rd by: 15 16 17 18 19 20	i. Heart pounding of Difficulty falling of The Difficulty falling of The Difficulty falling of The Difficulty falling of Ending Iow in endown Thoughts of Endi	or racing or staying asleep about the future things that are ble nergy or slowed	11 222	
1 = Extremely 2 Headaches Nervousness or shakiness inside Poor appetite Faintness or dizziness Trembling Crying easily A feeling of being trapped or caught Suddenly scared for no reason	= Quite a bit	15 16 17 18 20 21 21	i. Heart pounding of the control of	or racing or staying asleep about the future things that are ble nergy or slowed ing your life keyed up	11 222	
Headaches Nervousness or shakiness inside Poor appetite Faintness or dizziness Trembling Crying easily A feeling of being trapped or caugan Suddenly scared for no reason Blaming yourself for things	= Quite a bit	15 16 17 18 20 21 21	i. Heart pounding of Difficulty falling of The Difficulty falling of The Difficulty falling of The Difficulty falling of Ending Iow in endown Thoughts of Endi	or racing or staying asleep about the future things that are ble nergy or slowed ing your life keyed up	11 222	
I = Extremely Headaches Nervousness or shakiness inside Poor appetite Faintness or dizziness Trembling Crying easily A fering of being trapped or caugin Suddenly scared for no reason Blaming yourself for things D. Feeling lonely	= Quite a bit	15 16 17 18 20 21 22	 Heart pounding of Difficulty falling Feeling hopeless Unable to enjoy to usually pleasurate Feeling low in endown Thoughts of ending Feeling tense or less spells of terror or 	or racing or staying asleep about the future things that are ble nergy or slowed ang your life keyed up r panic	11 222	
Headaches Nervousness or shakiness inside Poor appetite Faintness or dizziness Trembling Crying easily A feeling of being trapped or caugan Suddenly scared for no reason Blaming yourself for things Feeling lonely Feeling blue	= Quite a bit	15 16 17 18 20 21 22	i. Heart pounding of Difficulty falling of Learning hopeless. Unable to enjoy to usually pleasurate. Feeling low in endown. Thoughts of ending tense or learning tense or learning terror of the Feeling terror of the Feeling restless of terror of the Peeling restless of terror of	or racing or staying asleep about the future things that are ble nergy or slowed ang your life keyed up r panic	11 222	
I = Extremely Headaches Nervousness or shakiness inside Poor appetite Faintness or dizziness Trembling Crying easily A fering of being trapped or caugin Suddenly scared for no reason Blaming yourself for things D. Feeling lonely	= Quite a bit	15 16 17 18 20 21 22 23 23	 Heart pounding of Difficulty falling Feeling hopeless Unable to enjoy to usually pleasurate Feeling low in endown Thoughts of ending Feeling tense or less spells of terror or 	or racing or staying asleep about the future things that are ble nergy or slowed ang your life keyed up r panic or not being	11 222	

/	•					1
	58. Please think of	the most im	portant problem that you had to	face since you	r spouse deployed. For each of	\cup
	-	tions, pleas	e indicate what you did in connec	tion with this _l	problem. Check <u>YES</u> or <u>NO</u> for	
	each question.	NO				
	YES	NO		•.		
	\mathcal{Q}	\mathcal{Q}	Tried to find out more about the			•
	\sim	\mathcal{L}	Talked with spouse or other rela			(
	~~~	$\sim$	Talked with a professional person	on (doctor, law	yer, or clergy)	•
	$\simeq$	$\simeq$	Prayed for guidance or strength			•
	$\simeq$	$\simeq$	Prepared for the worst  Didn't worry about it, figured ev	andhina waul	Lyrock out	'
	$\simeq$	$\bowtie$	Took it out on other people when	• •		
	$\bowtie$	$\bowtie$	Tried to see the positive side of t		depressed	
	$\bowtie$	$\bowtie$	Got busy with other things to ke		f the problem	
	$\simeq$	$\bowtie$	Made a plan of action and follow		t die prooiem	
	$\simeq$	$\simeq$	Considered several alternatives f			•
	$\simeq$	$\simeq$	Drew on past experiences; I was	-	uation before	•
	$\simeq$	$\simeq$	Kept my feelings to myself			
	$\sim$	$\sim$	Took things a day at a time one s	tep at a time		
	$\mathcal{O}$	$\mathcal{O}$	Tried to step back from the situat	tion and be mo	re objective	•
	Ŏ	Ŏ	Tried to reduce tension by:	YES	NO	•
			drinking more			
			eating more			•
			smoking more	Q	Q	-
	.a. G.		exercising more	$\circ$	$\circ$	
-	9. Since your spouse		ave you			_
	YES	NO	To account of the standards of the	<b>L</b>		_
	$\simeq$	$\simeq$	Increased your attendance at chur Increased your overall use of Mil		ue	_
	$\succ$	$\bowtie$	Increased your attendance of Farr	•	roup activities	
	$\bowtie$	$\bowtie$	Increased your visits to health car		oup activities	_
	$\bowtie$	$\bowtie$	Increased your use of recreationa	-		
	$\simeq$	$\bowtie$	Increased visits to counselors	Tacindo		
		$\bigcirc$	Titlemed title to comments			_
6	0. Since the recent o	deployment	of your spouse's unit how much d	listress have y	ou experienced as a result	-
	of the following?			•		-
	1 = Does not app	•	3 = A moderate amount	of distress	5 = A little distress	•
	2 = A great deal	of distress	4 = Can't say		6 = No distress at all	
				5	4 3 2 1	_
	Minaine			$\frac{1}{2}$		_
	•	your spouse	ating with your coases	$\times$	XXXX	_
			nting with your spouse ional well-being	$\times \times$	XXXX	_
			ents to your child(ren)	$\times \times$	XXXX	-
		-	pouse's living condition	$\times \times$	XXXX	_
		•	length of mobilization	$\times$	XXXX	_
			pouse's well-being/safety	$\times$	XXXX	-
	-	-	caused by the mobilization	$\times$	XXXX	_
			•	$\sim$	$\sim$	

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1 = YES, OCCURRED BEFORE THE ACTIVATION 2 = YES, OCCURRED AFTER THE ACTIVATION 3 = YES, OCCURRED BOTH BEFORE AND AFTER THE ACTIVATION 4 = NO		
You moved to a different city or state You had a change of residence within a city Your child was seriously ill or injured One of your parents was seriously ill A close friend or relative died A parent died A child died You started a new job You were fired from a job You were laid off from a job Your spouse became seriously ill or injured You were pregnant You had a pregnancy complication You gave birth You had a miscarriage, abortion or stillbirth You had problems finding a job You had a serious non-pregnancy related illness You had a problem finding affordable child care You had problems paying your bills You had trouble with the law Your spouse had problems at work A good friend PCSed out of the area You experienced marital difficulties You were the victim of a violent crime You experienced a major crisis not mentioned (house fire, robbery, accident)		

	l any of the TY?	e following events happen to you SINCE YOUR SPOUSE'S UNIT WAS CALLED TO ACTIVE
YES	NO S	You were evicted from your home or threatened with eviction because you could no longer afford the ren You/your spouse filed for bankruptcy because of loss of income related to the deployment.  Your ID card was not recognized by military providers.
8	8	Your spouse did not deploy with his/her unit. Your spouse returned early from the deployment. You broke a lease against the wishes of your landlord.
8	8	You had other difficulties with your landlord. You had a problem with banks or creditors. You had transportation difficulties.
8	8	You had a problem getting household repairs done.  A merchant, repairman or mechanic tried to overcharge you.  You were confused about military entitlements/benefits.
8	8	You attended a briefing about the deployment. You had a problem using power of attorney. You had difficulty keeping track of the household budget.
8	8	Your child care problems increased significantly.  You strained you budget through buying extra equipment for the deployment or mailing packages or long distance calls.  You did not get a chance to say goodbye to your spouse.
8		You said goodbye to your spouse several times because the date of departure kept changing. You made new friends among other spouses of Reservists/Guardsman. You experienced sexual harassment. There were reports of robberies in your neighborhood.